

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/746604

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2							52	1					
3							53	1					
4							54	1					
5							55	1					
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
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17							67						
18							68						
19							69						
20							70						
21							71						
22	1						72						
23							73						
24							74						
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38							88						
39							89						
40							90						
41							91						
42							92						
43	1						93						
44							94						
45							95						
46							96						
47	1						97						
48							98						
49	1						99						
50							100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	45						TOTAL DEP.						
TOTAL CLAIMS	55						TOTAL CLAIMS						

Best Available Copy